

Fill in this information to identify your case:

of 10

Debtor 1	<u>Earle</u> First Name	<u>Stanley</u> Middle Name	<u>Greer</u> Last Name
Debtor 2 (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the: <u>Eastern District of Pennsylvania</u>			
Case number <u>18-18146elf</u> (if known)			

Check if this is an
amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 City of Philadelphia Priority Creditor's Name	Last 4 digits of account number	\$116,622.33	\$ _____ \$ _____
Department of Revenue Number Street 1401 JFK Blvd 5th Floor	When was the debt incurred?		
Philadelphia PA 19105 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2 City of Philadelphia Law Tax & Revenue Unit Priority Creditor's Name	Last 4 digits of account number	\$131,303.15	\$ _____ \$ _____
1401 JFK Blvd. 5th Floor Number Street	When was the debt incurred?		
Philadelphia PA 19102 City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
2.3	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 WEST FRONT STREET</u> Number Street <u>MEDIA PA 19063</u> City State ZIP Code				Last 4 digits of account number _____	\$11,141.14	\$11,141.14 \$0.00
					When was the debt incurred? _____		
					As of the date you file, the claim is: Check all that apply.		
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
					Type of PRIORITY unsecured claim:		
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
					Is the claim subject to offset?		
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 W FRONT STREET</u> <u>MEDIA PA 19063</u> City State ZIP Code				Last 4 digits of account number _____	\$16,169.38	\$16,169.38 \$0.00
					When was the debt incurred? _____		
					As of the date you file, the claim is: Check all that apply.		
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
					Type of PRIORITY unsecured claim:		
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
					Is the claim subject to offset?		
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 W FRONT</u> Number Street <u>MEDIA PA 19063</u> City State ZIP Code				Last 4 digits of account number _____	\$17,280.74	\$17,280.74 \$0.00
					When was the debt incurred? <u>1/18/2018</u>		
					As of the date you file, the claim is: Check all that apply.		
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
					Type of PRIORITY unsecured claim:		
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
					Is the claim subject to offset?		
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: Your PRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount		
2.6	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 WEST FRONT STREET</u> Number Street <u>MEDIA</u> PA 19063 City State ZIP Code				Last 4 digits of account number _____	\$8,581.56	\$8,581.56	\$0.00
					When was the debt incurred?	01/18/2019		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.7	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 WEST FRONT STREET</u> <u>MEDIA</u> PA 19063 City State ZIP Code				Last 4 digits of account number _____	\$15,938.46	\$15,938.46	\$0.00
					When was the debt incurred?	_____		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name <u>201 WEST FRONT STREET</u> <u>MEDIA</u> PA 19063 City State ZIP Code				Last 4 digits of account number _____	\$10,335.24	\$10,335.24	\$0.00
					When was the debt incurred?	01/18/2019		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount		
2.9	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name Number Street <u>201 WEST FRONT STREET</u> <u>MEDIA</u> <u>PA</u> <u>19063</u> City State ZIP Code				Last 4 digits of account number _____	\$23,063.76	\$23,063.76	\$0.00
					When was the debt incurred?	<u>1/18/2019</u>		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.10	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name Number Street <u>201 WEST FRONT STREET</u> <u>MEDIA</u> <u>PA</u> <u>19063</u> City State ZIP Code				Last 4 digits of account number _____	\$8,968.94	\$8,968.94	\$0.00
					When was the debt incurred?	<u>01/18/2019</u>		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.11	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name Number Street <u>201 WEST FRONT STREET</u> <u>MEDIA</u> <u>PA</u> <u>19063</u> City State ZIP Code				Last 4 digits of account number _____	\$13,077.70	\$13,077.70	\$0.00
					When was the debt incurred?	<u>1/23/2019</u>		
					As of the date you file, the claim is: Check all that apply.			
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
					Type of PRIORITY unsecured claim:			
					<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
					Is the claim subject to offset?			
					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
2.12	PA DEPARTMENT OF REVENUE Priority Creditor's Name PO BOX 280946 Number Street HARRISBURG PA 17128 City State ZIP Code			Last 4 digits of account number _____	\$19,249.10	\$19,249.10	\$0.00
				When was the debt incurred? _____			
				As of the date you file, the claim is: Check all that apply.			
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
				Type of PRIORITY unsecured claim:			
				<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
				Is the claim subject to offset?			
				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.13	Priority Creditor's Name Number Street City State ZIP Code			Last 4 digits of account number _____	\$_____	\$_____	\$_____
				When was the debt incurred? _____			
				As of the date you file, the claim is: Check all that apply.			
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
				Type of PRIORITY unsecured claim:			
				<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
				Is the claim subject to offset?			
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.14	Priority Creditor's Name Number Street City State ZIP Code			Last 4 digits of account number _____	\$_____	\$_____	\$_____
				When was the debt incurred? _____			
				As of the date you file, the claim is: Check all that apply.			
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
				Type of PRIORITY unsecured claim:			
				<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
				Is the claim subject to offset?			
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p>AFNI Nonpriority Creditor's Name PO BOX 3097 Number Street BLOOMINGTON IL 61702 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> <u>\$328.00</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>
4.2	<p>AMERICAN EXPRESS Nonpriority Creditor's Name PO BOX 1270 Number Street NEWARK NJ 07101 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2</u> <u>0</u> <u>0</u> <u>8</u> <u>\$23,338.23</u></p> <p>When was the debt incurred? <u>2011</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>
4.3	<p>BANK OF AMERICA Nonpriority Creditor's Name PO BOX 15019 Number Street WILMINGTON DE 19886 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4</u> <u>4</u> <u>6</u> <u>8</u> <u>\$28.00</u></p> <p>When was the debt incurred? <u>2011</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Loan</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4

INFINITI FINANCIAL SERVICES

Nonpriority Creditor's Name

PO BOX 650424

Number Street

DALLAS**TX**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Last 4 digits of account number _____

\$6,000.00

When was the debt incurred? 2011**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CAR LEASE

4.5

LOAN BUILDER

Nonpriority Creditor's Name

3505 SILVERSIDER ROAD

Number Street

WILMINGTON**DE** 19810

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Last 4 digits of account number _____

\$18,000.00

When was the debt incurred? 2018**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.6

Swift Financial, LLC

Nonpriority Creditor's Name

3505 Silverside Road. Suite 200

Number Street

Willington**DE** 19810

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Last 4 digits of account number 4 4 6 8

\$23,103.82

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Business Loan

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7

WELLS FARGO

Nonpriority Creditor's Name

PO BOX 30086

Number Street

LOS ANGELES

CA 90030

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$46,000.00

When was the debt incurred? 2011**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify_____

4.8

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$_____

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify_____

4.9

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$_____

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify_____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Swift Financia, LLC

Name

625 W. Ridge Pike

Number Street

Building E Suite 207

Conshohoken, PA 19428

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 4 6 8**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>52,470.05</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>52,470.05</u>